

# **Exhibit J**



## Sewer Backup Claim Form

Click button to clear  
electronic form

### GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)

WO# 477515

Claimant Name: Robert Hoarman

Claimant Address: 10632 Lower Line Creek Rd

City, State, Zip: Somerset KY 42503

Best Phone Number to Reach You: [REDACTED]

Email Address: [REDACTED]

Address where sewer backup occurred (if different than claimant address):

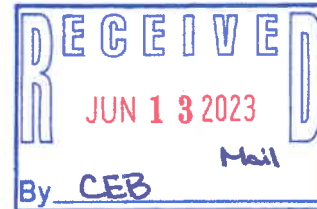
3395 Lakemeadow Dr.

City, State, Zip (if different than claimant city, state, zip):

Cincinnati OH 45239

Type of Property (please check one):

- ☒ Single-family residence
- ☐ Multi-family residence | # of units: \_\_\_\_\_
- ☐ Business
- ☐ Other (please specify) \_\_\_\_\_



Date sewer backup occurred: 3/23/23 Time of day: NIGHT

Did you report this sewer backup incident to MSD? ☒ Yes ☐ No

If yes, what date did you report it? 3/24/23

Did you contact a plumber or other qualified professional after the sewer backup occurred? ☒ Yes ☐ No

If yes, did a plumber or other qualified professional determine the cause of the backup? ☐ Yes ☒ No

If yes, please provide a copy of a report from the plumber or other qualified professional setting out the basis for his/her conclusion.

How many times have you had a sewer backup incident prior to this one: 0

Approximate dates of those incidents: N/A

If you've had two or more backup in the last 5 years, have you applied for MSD's Sewer Backup Prevention Program?

☐ Yes ☐ No

If yes, what was the result of the application? \_\_\_\_\_

If no, why not? \_\_\_\_\_



## Sewer Backup Claim Form (continued)

### GENERAL INFORMATION (TO BE COMPLETED BY CLAIMANT)...

Please indicate what your basement is used for:

☒ Storage

☐ Bathroom

☐ Workbench

☒ Laundry Room

☒ Family Room

☐ Other (please specify):

☐ Bar

☐ Study/Den

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are the owner, is this property held in the name of a corporation, partnership, or other entity, rather than by individuals?

☐ Yes

☒ No

☐ Not applicable

If yes, please provide the name of the entity that owns the property:

\_\_\_\_\_

Is this a rental property?

☐ Yes

☒ No

*Mother-in-law lives here.*

If yes, are you a tenant or landlord?

☐ Tenant

☒ Landlord

#### Tenants

If you are a tenant, please provide the following information about your landlord:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

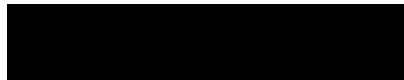
Landlord Email: \_\_\_\_\_

#### Landlords

If you are a landlord, please provide the following information about your tenants:

Tenant Name(s), Unit #s, and Phone #s:

*Linda Leist*



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Sewer Backup Claim Form (continued)

### INSURANCE INFORMATION (TO BE COMPLETED BY CLAIMANT)

Ohio law requires MSD to deduct any benefits a property owner or renter is entitled to receive through private insurance from a sewer backup claim.

Do you have insurance coverage for a sewer backup or flood on the property that experienced the sewer backup?

☐ Yes

☒ No

If yes, please provide the following information:

- The name of your insurance carrier: \_\_\_\_\_
- Your policy number: \_\_\_\_\_
- The amount of your deductible: \_\_\_\_\_
- The amount of eligible coverage or compensation received: \_\_\_\_\_

Please attach a copy of your policy's Declarations Sheet and/or a letter from your carrier regarding this coverage.

If no, please provide a letter/email from your insurance company/agent stating you do not have coverage.



## Sewer Backup Claim Form (continued)

### VERIFICATION (TO BE COMPLETED BY ALL CLAIMANTS)

I hereby certify that the information provided in this form and supporting documentation is true and accurate to the best of my knowledge.

Robert Haarman  
Name of Claimant (print)

\_\_\_\_\_  
Name of Claimant (print)

[Signature]  
Signature of Claimant

\_\_\_\_\_  
Signature of Claimant

6/8/23  
Date

\_\_\_\_\_  
Date



### CHECKLIST

*Your claim is not considered complete and will not be processed if any of the information below is missing:*

- ☐ Did you provide **COMPLETE** information for all questions asked?
- ☐ Did you submit documentation regarding your private insurance, if applicable?
- ☐ Did you include an itemized list of damaged property and other requested information, along with supporting documentation (e.g., photos, estimates, invoices, receipts)?
- ☐ Did you sign the form in ink? MSD only accepts hand-signed forms that are mailed, hand delivered, or sent via email to ***sbuclaims@cincinnati-oh.gov***.

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<b>Total Estimated Value:</b>	7894 <sup>14</sup>
<b>Compensation Received from Insurance:</b>	—
<b>Total Requested Reimbursement:*</b>	7894.14

Revised January 2021 **Note: Attach all supporting documentation and label with corresponding item #**



Brock Restoration, Inc.  
 5906 Hamilton Cleves Rd  
 Cleves, OH 45002  
 513-481-5844



# INVOICE

**BILL TO**  
 2023-03-91-EMS  
 Linda Leist  
 3395 Lake Meadow Ct  
 Cincinnati, OH 45239 USA

**INVOICE #** B3649  
**DATE** 04/13/2023  
**DUE DATE** 04/13/2023  
**TERMS** Due on receipt

**ESTIMATOR**  
 Griffin Brock

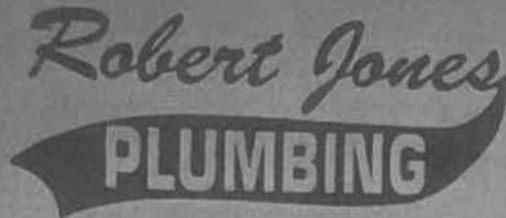
DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	02 Water Income	Water Mitigation	1	3,530.13	3,530.13T
	02 Non Taxable Water Income	Water Mitigation	1	778.66	778.66

**SUBTOTAL** 4,308.79  
**TAX (7.8%)** 275.35  
**TOTAL** 4,584.14  
**BALANCE DUE** **\$4,584.14**

*pd*  
 5/8/23

*[Signature]*





Complete Plumbing Service

6071 State Rt. 128  
 Cleves, OH 45002  
**phone: (513) 353-2230**  
**fax: (513) 353-2247**

## BILL TO

Linda Leist  
 3395 Lakemeadow Ct  
 Cincinnati, OH 45239

DATE

INVOICE NO.

4/3/2023

116836

P.O. NO.

TERMS

Net 30

## DESCRIPTION

## AMOUNT

Rod out drain with big machine.

310.00

Tech: Eric

Thank you

Accepting All Major Credit Cards

**Total****\$310.00**